

# Springdale Fire Department

## Policy & Procedures Manual

### Volume 2 – Operations

### Section 204 – EMS Operations

#### 204.13.3 – Exposure Prevention

The procedures outlined below will reduce the risk of an occupational infectious disease exposure to SFD Personnel. The SFD Exposure Control Program has been developed to minimize the risk of acquiring an infection from contact with contaminated devices, surfaces, or a transmission of infectious agents between SFD Personnel and patients.

These procedures are designed to provide a margin of safety in the variety of situations encountered in the pre-hospital environment. SFD Personnel work in environments that provide inherently unpredictable risks of exposures. SFD Personnel should take body substance isolation precautions even if the patient does not exhibit symptoms of a disease.

Infectious agents include blood and other potentially infectious materials (OPIM). Routes of transmission may include inhalation, ingestion, injection, and direct or indirect contact with objects, substances, or infected persons. Generally, the human skin is a very effective barrier against exposure to infectious contaminants. If however, the skin has open sores, cuts, or abrasions, this protective barrier is broken. Patients or health care providers who cough or sneeze also increase the risk of exposure to surrounding persons.

General protective measures include but are not limited to the following:

- Limit the number of SFD Personnel who encounter infectious patients to a minimum.
- Limit exposure time between SFD Personnel and infectious patients.
- Move patients with known or suspected respiratory diseases to an open-air location for treatment if possible.
- Contaminated needles are to be handled with extreme care. They should be disposed of in a safe manner. Needles shall not be purposely bent or broken by hand, removed from syringes or stowed in uniform pockets. Needles will be recapped only when a Sharps container is not immediately available. When recapping, always use the “one-handed” technique.
- Single use disposable bag valve masks should be used for respiratory assistance and resuscitation.
- Hand washing with soap and water shall be done after each patient contact. Do not wipe your nose, mouth or eyes after patient contact until your hands are washed. Anti-microbial hand sanitizers should only be used when soap and water are not available.
- Clothing contaminated from potentially infectious agents shall be changed and washed as soon as possible.
- Disinfect handles and equipment as needed with an approved cleaning solution following every EMS incident.
- Use caution with writing instruments that are handled with contaminated gloves to complete documentation and then used later for non-emergency use.
- Dispose of contaminated supplies in an approved biohazard bag. The biohazard bag should then be placed in an approved biohazard container located at the receiving hospital.

- Dispose of full sharp containers with lid secured in an approved manner.
- Wear appropriate protective isolation equipment when decontaminating equipment.

Engineering controls and work practices will be used to prevent or minimize exposure to bloodborne pathogens. Examples of specific engineering controls include needleless IV systems, safety IV catheters, safety blood glucose lancets, safety syringes, and puncture proof sharp containers.

The Infection Control Officer may identify the need for changes in engineering controls, or work practices through the annual review of OSHA standards and evaluations from SFD Personnel.